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Policy Number: 8-1  
Supplemental Food Packages  
Effective/Revised Date: October 1, 2009

**Title:** Supplemental Food Packages

**Purpose**

Participants shall receive appropriate allowed foods for their categories, ages, special dietary needs, and food preparation/storage needs.

**Authority**

7 CFR 246.10

**Policy**

The Montana WIC Program specifies quantities and types of supplemental foods to be prescribed and issued to certified eligible participants through food packages. Standard food packages are designed to meet general nutrition needs for participants based on category and age. Tailored food packages are modified food packages designed to meet individual participant's nutrition needs. Homeless food packages are designed to meet the needs of those with limited food preparation/storage facilities.

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**Procedures**

**I. Food Package Prescription**

All food packages shall be prescribed by a Competent Professional Authority (CPA). Food packages may be issued for 1 month, 2 months, or 3 months (for non-high risk participants). Refer to Policy 5-13, Designated Referrals for High Risk Participants, for more information.

**II. Food Package Contents**

Standard Montana WIC Food Packages for all participant categories follow this policy. Policy 8-2 Standard Food Package Descriptions and Policy 8-3 Homeless Food Package Descriptions describe the food package type for a participant category.

**III. Milk and Milk Substitute Issuance**

**A. Milk Issuance**

1. Milk is not authorized for infants less than 12 months of age.
2. Whole milk is the only type of milk allowed for children under age two.
3. Skim, low-fat (1%), and reduced-fat (2%) milks are the only types of milk allowed for children two years of age and older and for women in a regular food package.
4. Whole milk may be issued to children two years of age and older and women receiving medical formula with appropriate justification.

**B. Cow's Milk**

1. Fluid cow's milk is issued in gallons and half-gallons.

2. Evaporated cow's milk is issued in 12-ounce cans. It is available in whole, low-fat and fat-free versions. It may be substituted for fluid milk at a rate of 1-ounce evaporated milk to 2-ounces fluid milk.
3. Powdered cow's milk is issued in 8 and 12 quart boxes. It is substituted at an equal reconstitution rate for fluid milk.
4. Acidophilus or lactose-reduced milk is issued in half-gallons,
  - a. May be issued for a diagnosis or symptoms of lactose intolerance.
  - b. Should be issued in the appropriate fat level for the age and category of the participant.
  - c. May be issued at a CPA's discretion – no medical documentation is required for issuance.
5. Organic milk is issued in gallons and half-gallons.
  - a. May be issued at the request of the participant or parent/guardian.
  - b. Should be issued at the appropriate fat level for the age and category of the participant.

**C. Goat Milk**

1. Meyenberg goat milk is issued in fresh fluid quarts or evaporated in 12-ounce cans.
2. Fresh fluid quarts are available in whole and low-fat (1%) versions.
3. Canned evaporated goat milk is made from whole goat milk. It is issued at a rate of 1-ounce evaporated goat milk to 2-ounces fluid goat milk.
4. Goat milk may be issued to children and women.
5. Goat milk may be issued for intolerance to cow's milk.
6. Appropriate medical documentation is required to issue goat milk for children. Refer to the "Request for Medically Necessary WIC Approved Formulas" in Appendix N.
7. Medical documentation is not required to issue goat milk to women.

**D. Cheese**

1. Cheese may be substituted for milk as part of a tailored food package at the rate of 1 pound of cheese per 3 quarts milk.
2. For children and women, 1 pound of cheese may be substituted for milk.
3. Women exclusively breastfeeding, partially breastfeeding multiples or pregnant with multiple fetuses also receive 1 pound of cheese as a component of their food package without substituting for milk.

**E. Soy Beverage**

1. Pacific Natural Foods Ultra Soy Beverage is issued in aseptic quarts.
2. 8th Continent Soymilk Beverage is issued in half-gallons.

3. Soy beverage may be issued at the rate of 1 quart of soy beverage for 1 quart of milk.
4. Soy beverage may be issued for milk allergy, lactose intolerance (which does not respond to lactose-free milk or when lactose-free milk is not available in the appropriate fat content for the participant's age) or the following of a vegan diet.
5. Appropriate medical documentation is required to issue soy beverage for children. Refer to the "Request for Medically Necessary WIC Approved Formulas" in Appendix N.
6. Medical documentation is not required to issue soy beverage for women.

#### **IV. Juice Issuance**

- A. Juice is issued in 64-ounce plastic bottles of single-strength fruit juice, 12-11.5 ounce cans of frozen concentrate and 46-48 ounce plastic bottles of single-strength vegetable juice.
- B. Juice for Children
  1. Children are issued juice in 64-ounce plastic bottles to provide the full nutritional benefit.
  2. At the request of the parent/guardian of the participant, 12-11.5 ounce frozen concentrate juice or 48-46 ounce single-strength juice may be substituted in a tailored food package, at the rate of one can of 12-11.5ounce frozen concentrate juice or one bottle of 48-46 ounce single –strength juice for one bottle of 64-ounce single-strength juice.
- C. Juice for Women
  1. Women are issued juice in 12-11.5ounce cans of frozen concentrate to provide the full nutritional benefit.
  2. At the request of the participant, 46-48-ounce single-strength juice in plastic bottles may be substituted in a tailored food package at the rate of one bottle of 46-48-ounce single-strength juice for one 11.5-12-ounce can of frozen concentrate juice.

#### **V. Peanut Butter and Legume Issuance**

- A. Peanut butter is issued in 18-16 ounce jars. Dry legumes are issued in 16-14 ounce packages. Canned beans are issued in 16-14 ounce cans.
- B. Canned legumes may be substituted for dry legumes at the rate of 64-ounces of canned legumes for 1-pound dry legumes.
- C. Peanut Butter and Legumes for Children and Postpartum Women.
  1. Children two years of age and older and partially-breastfeeding and postpartum women shall be offered the choice of peanut butter or legumes. The dietary needs of the participant shall be considered when offering the choice; however, the participant's preference shall be honored.
  2. Children under two years of age shall not be issued peanut butter due to its choking risk.

(See References).

**D. Peanut Butter and Legumes for Pregnant and Breastfeeding Women**

1. Pregnant, exclusively- and substantially-breastfeeding women are offered both peanut butter and legumes.

**VI. Supplemental Formula for Breastfeeding Infants**

- A. Supplemental formula food packages are designed for breastfeeding infants who are also receiving some formula. The formula in these food packages is in the powdered form to reduce waste due to spoilage from infrequent use.
- B. Breastfeeding mothers of infants receiving supplemental formula shall not be issued an enhanced breastfeeding food package (Food Package VII).
- C. If an infant receives the amount of formula allowed for a partially breastfeeding infant his/her mother will not be issued a food package once she is 6-months postpartum or greater. She will be considered a participant as long as she continues to breastfeed (until the infant's first birthday) and will be offered appropriate nutrition education and referrals.
- D. Table A may be used for guidance to determine the amount of supplemental formula to issue. (Table A is located in Policy 8-2 Standard Food Package Descriptions).

**VII. Issuance of Ready-To-Feed Infant Formula**

- A. Powdered infant formula is the standard form for formula issuance, although concentrate may be issued.
- B. Ready-to-feed formula may be issued only if:
  1. there is an unsanitary or restricted water supply;
  2. there is poor refrigeration;
  3. the formula is available only in the ready-to-feed form;
  4. the person caring for the infant may have difficulty in correctly preparing concentrate liquid or powdered formula; or
  5. the ready-to-feed formula better accommodates the participant's condition, such as extreme prematurity or an immuno-compromised condition.
- C. The reason for issuance of ready-to-feed formula must be documented in the participant record.
- D. For participants receiving medical formula, the request for the provision of ready-to-feed formula should be included on the participant's "Request for Medically Necessary WIC-Approved Formulas" form (Attachment N).
- E. The need for continued issuance of ready-to-feed formula should be assessed regularly and documented in the participant record.

**VIII. Tailored Food Packages**

- A. Participants may be issued a modified or "tailored" food package by the CPA after consideration of the participant's individual needs. A participant/guardian may request a reduction in the amount of foods provided or a food substitution so that the

food package issued will parallel, as closely as possible, the foods actually purchased and used by the participant. Education should be provided to the participant concerning the recommended intake for the foods being reduced.

- B. Tailoring of a food package shall be documented in the participant record. This documentation shall include whether the package was tailored based on the CPA's judgment or at the request of the parent/guardian.

#### **IX. References**

(1) Trahms, Christine, Pipes, Peggy: Nutrition in Infancy and Childhood, 6th Ed., 1997, McGraw Hill Companies, Inc.

**Title:** Standard Food Package Descriptions

**Purpose**

To define standard food packages for issuance of allowable foods.

**Authority**

7 CFR 246.10

**Policy**

The Montana WIC Program will issue standard food packages as described below to meet general nutrition needs for participants based on category, age, special dietary needs and food preparation/storage needs. Standard food packages will provide the full nutritional benefit allowed.

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**Procedures**

**I. Infants, Exclusively Breastfed 0-5 months (Food Package I-BF)**

- A. No formula is issued
- B. Although not receiving a food package, the infant is counted as a participant.

**II. Infants, Exclusively Breastfed 6 through 11 months (Food Package II-BF)**

- A. No formula is issued
- B. Complementary foods may be issued beginning at 6 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing solid foods.
  - 1. Infant cereal (WIC approved)
  - 2. Infant fruits and vegetables (WIC approved)
  - 3. Infant meats (WIC approved)

**III. Infants, Substantially Breastfed 0 to 1 month (Food Package IA or IIIA-BF/FF)**

- A. Since this is the most important time for establishing breastfeeding, it is not recommended to issue any formula to an infant who is breastfeeding. Circumstances within the family situation may warrant the issuance of a limited amount of infant formula and should be determined on a case-by-case basis with documentation of justification in the participant chart.
- B. Up to one can of powdered infant formula may be issued as determined by the CPA.

**IV. Infants, Substantially Breastfed 1 through 3 months (Food Package IB or IIIB-BF/FF)**

- A. Infant formula issued to breastfeeding infants in this age range is based on actual need and the established full nutritional benefit. Issuance of the actual amount of

formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged. Refer to Table A to determine the amount of formula to issue.

- B. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be 4 cans.

**V. Infants, Substantially Breastfed 4 through 5 months (Food Package IC or IIIC-BF/FF)**

- A. Infant formula issued to breastfeeding infants in this age range is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged. Refer to Table A to determine the amount of formula to issue.
- B. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be 5 cans.

**VI. Infants, Substantially Breastfed 6 through 11 months (Food Package II or III-BF/FF)**

- A. Infant formula issued to breastfeeding infants in this age range is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged. Refer to Table A to determine the amount of formula to issue.
- B. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be 4 cans.
- C. Complementary foods may be issued beginning at 6 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing solid foods.
  - 1. Infant cereal (WIC approved)
  - 2. Infant fruits and vegetables (WIC approved)

**VII. Infants, Partially Breastfed 0 through 3 months (Food Package IA or IIIA-FF)**

- A. The first month of life is the most important time for establishing breastfeeding. It is not recommended to issue any formula to an infant who is breastfeeding. Circumstances within the family situation may warrant the issuance of a limited amount of infant formula during the first month of life. Infant formula issued to breastfeeding infants is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged. Refer to Table A to determine the amount of formula to issue.
- B. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be up to 9 cans.

**VIII. Infants, Partially Breastfed 4 through 5 months (Food Package IB or IIIB-FF)**

- A. Infant formula issued to breastfeeding infants in this age range is based on actual need and the established full nutritional benefit. Issuance of the actual amount of



formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged. Refer to Table A to determine the amount of formula to issue.

- B. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be up to 10 cans.

**IX. Infants, Partially Breastfed 6 through 11 months (Food Package II or III-FF)**

- A. Infant formula issued to breastfeeding infants in this age range is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged. Refer to Table A to determine the amount of formula to issue.
- B. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be 7 cans.
- C. Complementary foods may be issued beginning at 6 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing solid foods.
  - 1. Infant cereal (WIC approved)
  - 2. Infant fruits and vegetables (WIC approved)

**X. Infants, Fully Formula Fed 0 through 3 months (Food Package IA or IIIA-FF)**

- A. Powdered formula is encouraged, but concentrate may be issued.
- B. Infant formula issuance is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable is encouraged. Refer to Table A to determine the amount of formula to issue.
- C. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be 9 cans

**XI. Infants, Fully Formula Fed 4 though 5 months (Food Package IB or IIIB-FF)**

- A. Powdered formula is encouraged, but concentrate may be issued.
- B. Infant formula issuance is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable is encouraged. Refer to Table A to determine the amount of formula to issue.
- C. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be 10 cans

**XII. Infants, Fully Formula Fed 6 through 11 months (Food Package II or III-FF)**

- A. Powdered formula is encouraged, but concentrate may be issued.
- B. Infant formula issuance is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable is encouraged. Refer to Table A to determine the amount of formula to issue.

- C. The maximum amount of powdered infant formula that may be issued is dependent on the reconstituted amount per can. For the contract formulas it will be 7 cans
- D. Complementary foods may be issued beginning at 6 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing solid foods.
  - 1. Infant cereal (WIC approved)
  - 2. Infant fruits and vegetables (WIC approved)

**XIII. Infants, Children 1-5 years and Women with Special Dietary Needs (Food Package III)**

- A. Medical formulas and medical foods may be issued with a health care provider's prescription and the local agency Registered Dietitian or State WIC Nutritionist's approval. Refer to Policy 8-7, Infant Formula and WIC Eligible Medical Foods, substitutions for authorized foods.
- B. The maximum number of containers or cans of medical formula or medical foods will vary based on the reconstituted amount.
- C. Supplemental foods may also be issued to a participant receiving medical formula or medical food, with a prescription. The foods prescribed must not be contraindicated by the justification for the medical formula or medical foods and must be appropriate for the participant's feeding skills and food intake pattern. Issuance of the foods prescribed must be approved by the local agency Registered Dietitian or State WIC Nutritionist.
  - 1. Whole milk may be prescribed for children two years of age and older and women as a supplemental food to receive in addition to a medical formula or medical food for a medical condition requiring additional calories.
  - 2. Infant cereal may be substituted at the rate of 32 ounces for the 36 ounces of allowed breakfast cereal.

**XIV. Children 1-5 yrs (Food Package IV)**

- A. Children to age 2 years:
  - 1. Whole Milk and/or Milk Substitute
  - 2. Eggs.
  - 3. Juice, single-strength in 64-ounce plastic bottles (WIC approved)
  - 4. Cereals, cold and hot (WIC approved).
  - 5. Whole wheat bread and/or whole grain options up to 2 pounds.
  - 6. Dry or canned legumes.
  - 7. Fruit and vegetable benefit for up to \$6.00 to purchase fresh fruits, fresh vegetables and frozen vegetables.
- B. Children 2-5 years:
  - 1. Low-Fat Milk and/or Milk Substitute
  - 2. Eggs.

3. Juice, single strength in 64-ounce plastic bottles (WIC approved)
4. Cereals, cold and hot (WIC approved).
5. Whole wheat bread and/or whole grain options up to 2 choices.
6. Peanut butter or dry or canned legumes
7. Fruit and vegetable benefit for up to \$6.00 to purchase allowable fresh fruits, fresh vegetables and frozen vegetables.

**XV. Pregnant and Substantially Breastfeeding Women (Food Package V)**

- A. Low-Fat Milk and/or Milk Substitute
- B. Eggs.
- C. Juice, frozen (WIC approved).
- D. Cereals, cold and hot (WIC approved).
- E. Whole wheat bread or whole grain options.
- F. Peanut butter and dry or canned legumes.
- G. Fruit and vegetable benefit for up to \$8.00 to purchase allowable fresh fruits, fresh vegetables and frozen vegetables.

**XVI. Postpartum and Partially Breastfeeding Women (prior to 6 months post-delivery) (Food Package VI)**

- A. Low-Fat Milk and/or Milk Substitute
- B. Eggs.
- C. Juice, frozen, (WIC approved).
- D. Cereals, cold and hot (WIC approved).
- E. Peanut butter or dry or canned legumes.
- F. Fruit and vegetable benefit for up to \$8.00 to purchase allowable fresh fruits, fresh vegetables and frozen vegetables.

**XVII. Partially Breastfeeding Woman (6 months postpartum and after)**

- A. A breastfeeding woman requesting and receiving the amount of formula allowed for a partially breastfeeding infant will not be issued a food package once she is 6-months postpartum or greater.
- B. The woman will be considered a participant as long as she continues to breastfeed (until the infant's first birthday) and will be offered appropriate nutrition education and referrals.

**XVIII. Enhanced Breastfeeding Women, Breastfeeding Women Fully or Partially Breastfeeding Multiple Infants and Pregnant Women with Multiple Fetuses (Food Package VII)**

- A. Designed for women whose infants are not receiving any formula from WIC, breastfeeding multiple infants or pregnant with multiple fetuses. A breastfeeding

woman fully breastfeeding multiple infants is eligible for one and a half times the amounts of the foods in this package.

- B. Low-Fat Milk and/or Milk Substitute
- C. Cheese, 1 pound, in addition to the amount, if any, exchanged for milk
- D. Eggs
- E. Juice, frozen, (WIC approved).
- F. Cereals, cold and hot (WIC approved)
- G. Whole wheat bread and/or whole grain options.
- H. Peanut butter or dry or canned legumes
- I. Fish, canned light tuna or pink salmon.
- J. Fruit and vegetable benefit for up to \$10.00 to purchase allowable fresh fruits, fresh vegetables and frozen vegetables.

See the “Standard Montana WIC Food Packages” tables included with this policy for guidance on issuance of allowed foods, their forms and amounts.

Table A

How Much Formula Should I Issue?

The following table is designed to help you issue an amount of formula close to the amount the baby is taking. The table is based on the can size of WIC's standard formulas (94 - 95 oz.). For other can sizes, divide the number of ounces needed based on the number of ounces each can makes. The table is based on 31 days per month.

If the baby is drinking...	Total amount per month	Number of Cans to Issue
4 oz./day	124 oz.	2 cans **
6 oz./day	186 oz.	2 cans **
8 oz./day	248 oz.	3 cans
12 oz./day	372 oz.	4 cans
16 oz./day	496 oz.	6 cans
20 oz./day	620 oz.	7 cans
24 oz./day	744 oz.	8 cans
28 oz./day or more	868 oz.	10 cans

\*\* Assess if the mother would prefer receiving the enhanced food package vs. this small amount of formula.

**Standard Montana WIC Food Packages for Infants and Corresponding Food Packages for their Mothers**

Infant Age	Amount of Breastfeeding	Contract Infant Formula	Infant Cereal (8 oz.)	Infant Fruits and Vegetables (4oz.)	Infant Meats (2.5 oz.)	Food Package for Mom
Birth - 1 month	Exclusively	None				Exclusively BF
	Substantially	1 can				Substantially BF/Pregnant
	Partially	2 - 9 cans				Partially BF/Non-BF
	None	Up to 9 cans				Partially BF/Non-BF
1 - 3 months	Exclusively	None				Exclusively BF
	Substantially	Up to 4 cans				Substantially BF/Pregnant
	Partially	5 - 9 cans				Partially BF/Non-BF
	None	Up to 9 cans				Partially BF/Non-BF
4 - 5 months	Exclusively	None				Exclusively BF
	Substantially	Up to 5 cans				Substantially BF/Pregnant
	Partially	6 - 10 cans				Partially BF/Non-BF
	None	Up to 10 cans				Partially BF/Non-BF
6 - 12 months	Exclusively	None	3 boxes	64 jars	31 jars	Exclusively BF
	Substantially	Up to 4 cans	3 boxes	32 jars		Substantially BF/Pregnant
	Partially	5-7 cans	3 boxes	32 jars		None
	None	Up to 7 cans	3 boxes	32 jars		None

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**Standard Montana WIC Food Package III for Infants**

Maximum Amount of Medical Formula to Issue to Infants under Food Package III

<b>Substantially Breastfed</b>	<b>Medical Formula</b>	<b>&lt;1 mo.</b>	<b>1-3 mo.</b>	<b>4-5 mo.</b>	<b>6-11 mo.</b>
	<b>Powder</b>				
	Alimentum	1	1-4	1-4	1-3
	EleCare **	1	1-4	1-5	1-4
	Enfamil EnfaCare LIPIL	1	1-5	1-6	1-4
	Neocate Infant	1	1-4	1-5	1-4
	Nutramigen Enflora LGG	1	1-5	1-6	1-4
	Pregestimil LIPIL	1	1-4	1-4	1-3
	Similac NeoSure	1	1-5	1-6	1-4
	<b>Concentrate</b>				
	Any of above available	*	1-14	1-17	1-12
	<b>Ready-to-Feed</b>				
	Any of above available	*	1-12	1-14	1-10

\* Concentrate and Ready-to-Feed formula may not be issued to Substantially Breastfeeding infants during the first month of life

<b>Partially Breastfed/ Fully Formula-Fed</b>	<b>Medical Formula</b>	<b>&lt;1 mo.</b>	<b>1-3 mo.</b>	<b>4-5 mo.</b>	<b>6-11 mo.</b>
	<b>Powder</b>				
	Alimentum	2-7	5-7	5-8	4-6
	EleCare **	2-9	5-9	6-10	5-7
	Enfamil EnfaCare LIPIL	2-10	6-10	7-11	5-8
	Neocate Infant	2-9	5-9	6-10	5-7
	Nutramigen Enflora LGG	2-10	6-10	7-11	5-8
	Pregestimil LIPIL	2-7	5-7	5-8	4-6
	Similac NeoSure.	2-10	6-10	7-11	5-8
	<b>Concentrate</b>				
	Any of above available	1-31	15-31	18-34	13-24
	<b>Ready-to-Feed</b>				
	Any of above available	1-26	13-26	15-28	11-20

\*\* EleCare is mixed to 20 calories/oz. for infants

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**Standard Montana WIC Food Package III for Children and Women**

Maximum Amount of Medical Formula to Issue to Children and Women under Food Package III

Name of Formula	Powder	Concentrate	Ready-To-Feed
<b>Infant's Formulas</b>			
Alimentum	7 cans - 805 oz.		28 cans - 896 oz.
Isomil Advance	9 cans - 846 oz.	35 cans - 910 oz.	28 cans - 896 oz.
Neocate	9 cans - 855 oz.		
Nutramigen LIPIL		35 cans - 910 oz.	28 cans - 896 oz.
Nutramigen Enflora LGG	10 cans – 870 oz.		
Pregestimil LIPIL	8 cans - 896 oz.		
Similac Advance Early Shield	9 cans - 846 oz.	35 cans - 910 oz.	28 cans - 896 oz.
Similac Sensitive	9 cans - 846 oz.	35 cans - 910 oz.	28 cans - 896 oz.
Similac Sensitive R.S.	9 cans – 837 oz.		28 cans - 896 oz.
<b>Children's Formulas</b>			
Boost Kid's Essentials			113 boxes (8 oz.) – 904 oz.
Boost Kid's Essentials with Fiber			113 boxes (8 oz.) – 904 oz.
EleCare*	14 cans - 896 oz.		
Neocate One Plus	113 packets - 904 oz.		
PediaSure			113 cartons (8 oz.) – 904 oz.
PediaSure with Fiber			113 cartons (8 oz.) – 904 oz.

\*EleCare is mixed to 30 calories/oz. for children

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**Standard Montana WIC Food Package III For Children**

Food Item	Children < 2 Years	Children ≥ 2 Years
Medical Formula or Medical Food	910 ounces	910 ounces
Milk	Whole 4 gallons	Non-Fat, Skim, 1% or 2% 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal	36 ounces	36 ounces
Whole Grains	2 pounds	2 pounds
Peanut Butter	0	18 oz. peanut butter
Legumes	64 oz. canned	
Fruit & Vegetable Benefit	\$6	\$6

**Standard Montana WIC Food Package III For Women**

Food Item	Pregnant or Substantially Breastfeeding	Enhanced Breastfeeding	Partially Breastfeeding or Non-Breastfeeding Post-Partum Women (less than 6 mo. post delivery)
Medical Food	910 ounces	910 ounces	910 ounces
Milk	Skim, 1% or 2% 5 1/2 gallons	Skim, 1% or 2% 6 gallons	Skim, 1% or 2% 4 gallons
Cheese	0	1 pound	0
Eggs	1 dozen	2 dozen	1 dozen
Juice	3 12/11.5-oz. frozen (144 ounces)	3 12/11.5-oz. frozen (144 ounces)	2 12/11.5-oz. frozen (96 ounces)
Cereal	36 ounces	36 ounces	36 ounces
Whole Grains	1 pound	1 pound	0
Peanut Butter	18 oz. peanut butter <b>and</b> 64 oz canned legumes	18 oz. peanut butter <b>and</b> 64 oz canned legumes	18 oz. peanut butter
Legumes			
Fish	0	30 ounces	0
Fruit & Vegetable Benefit	\$8	\$10	\$8



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**Standard Montana WIC Food Packages for Children**

Food Item	Children < 2 Years	Children ≥ 2 Years
Milk	Whole 4 gallons	Skim, 1% or 2% 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal	36 ounces	36 ounces
Whole Grains	2 pounds	2 pounds
Peanut Butter	0	18 oz. peanut butter
Legumes	64 oz. canned	
Fruit & Vegetable Benefit	\$6	\$6

**Standard Montana WIC Food Packages for Women**

Food Item	Pregnant or Substantially Breastfeeding	Enhanced Breastfeeding	Partially Breastfeeding or Non-Breastfeeding Post-Partum Women (less than 6 mo. post delivery)
Milk	Skim, 1% or 2% 5 1/2 gallons	Skim, 1% or 2% 6 gallons	Skim, 1% or 2% 4 gallons
Cheese	0	1 pound	0
Eggs	1 dozen	2 dozen	1 dozen
Juice	3 12/11.5-oz. frozen (144 ounces)	3 12/11.5-oz. frozen (144 ounces)	2 12/11.5-oz. frozen (96 ounces)
Cereal	36 ounces	36 ounces	36 ounces
Whole Grains	1 pound	1 pound	0
Peanut Butter	18 oz. peanut butter <b>and</b> 64 oz. canned legumes	18 oz. peanut butter <b>and</b> 64 oz. canned legumes	18 oz. peanut butter
Legumes			
Fish	0	30 ounces	0
Fruit & Vegetable Benefit	\$8	\$10	\$8

Policy Number: 8-3  
Homeless Food Package Descriptions  
Effective/Revised Date: October 1, 2009

**Title:** Homeless Food Package Descriptions

**Purpose**

To establish procedures for the issuance of allowable foods for participants who are homeless or who lack cooking facilities or refrigeration.

**Authority**

7 CFR 246.10

**Policy**

Homeless food packages are designed to meet the needs of those with limited food preparation and/or storage facilities. A participant's individual circumstances should be considered in prescribing the most appropriate food package.

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**Procedures**

**I. Prescribing Food Packages Designed for Homeless Individuals**

- A. Special care and consideration should be given in prescribing and issuing a food package for a participant who is homeless, to provide a food package most appropriate to the participant's living situation.
- B. The participant's individual circumstances should be considered in regard to cooking and food preparation facilities, adequate refrigeration and dry food storage.
- C. Issuance of a regular food package may be appropriate for a homeless participant if adequate food preparation and storage facilities are available.
- D. Modifications in both the types and amounts of foods may be required to assure that the WIC supplemental foods can be safely stored and utilized.
- E. The number of benefits issued may be adjusted to better meet the needs of homeless participant's.
- F. The full nutritional benefit of the food package most appropriate for the participant's category and age shall be offered.
- G. Local agency staff should check with the retailer where the participant plans to shop to ensure the foods on the homeless food package are available in the store

**II. Infant Feeding**

- A. Breastfeeding of infants will be encouraged. Breastfeeding is the healthiest, easiest and safest way to feed an infant, especially given the possible lack of refrigeration and an environment to safely clean and prepare.
- B. When formula is requested, powdered formula is issued to allow for preparation of one bottle at a time.

**III. Milk and Milk Substitute Issuance**

- A. Fluid milk may be issued if adequate refrigeration is available.
- B. Powdered milk may be issued to allow for making 1 glass of milk at a time.
- C. Evaporated milk in 5-ounce or 12-ounce cans may be issued if adequate refrigeration is available to store opened cans and any reconstituted milk.
- D. Cheese may be issued if adequate refrigeration is available.
- E. Goat milk issuance in 12-ounce cans of evaporated goat milk will require less refrigeration space than issuance in liquid quarts for participants with limited refrigeration.
- F. Soy beverage issuance in aseptic quarts will require less refrigeration space than issuance in half-gallons for participants with limited refrigeration.

**IV. Juice Issuance**

- A. Bottled single-strength or frozen juice may be issued if adequate refrigeration is available to store opened bottles or containers of juice.
- B. Single serving cans of WIC-approved juices may be issued to participants lacking adequate refrigeration or for participants who lack storage facilities.

**V. Egg Issuance**

- A. Eggs may be issued if adequate refrigeration and cooking facilities are available.
- B. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for a dozen eggs when adequate refrigeration or cooking facilities are not available.
- C. Canned beans may be substituted for eggs at a rate of 64-ounces beans per 1 dozen eggs when adequate refrigeration and/or cooking facilities are not available.

**VI. Peanut Butter / Legume Issuance**

- A. Peanut butter makes a good food choice for participants without adequate refrigeration and/or cooking facilities.
- B. Canned beans may be issued.

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Policy Number: 8-4

Authorized Foods

Effective/Revised Date: October 1, 2009

**Title:** Authorized Foods

**Purpose**

To ensure that only foods authorized by the Montana WIC Program may be issued with Montana WIC vouchers.

**Authority**

7 CFR 246.10

**Policy**

The following table describes the currently authorized foods in the Montana WIC Program.

**Guidelines**

See the attached Table, Authorized Foods for the Montana WIC Program

**Authorized Foods for the Montana WIC Program**

Food Item	Brand/Description	Details/Restrictions
Milk	Fluid, various fat levels Sweet Acidophilus, various fat levels Lactose-reduced, various fat levels Evaporated, various fat levels Nonfat Dry Organic, various fat levels	Store brand if available of milk type and size specified on benefit  Type of milk must be specified on benefit  Skim, 1%, 2% fat levels for children 2 years of age and older and women  Whole milk for children under 2 years of age
Soy Beverage	8 <sup>th</sup> Continent Soymilk Beverage, Original Flavor  Pacific Natural Foods Ultra Soy Beverage Plain or Vanilla	½ gallon cartons, ultrapasteurized refrigerated  Quarts, aseptic shelf-stable  Brand specified on benefit
Goat Milk	Meyenberg brand  Evaporated, whole Fluid, fresh, 1% and whole	Brand and type specified on benefit 12 ounce size Quart, refrigerated

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<b>Food Item</b>	<b>Brand/Description</b>	<b>Details/Restrictions</b>
Cheese	<u>Block</u> Store Brand, Cache Valley, Crystal Farms or Kraft: Cheddar, Colby Colby-Monterey Jack Monterey Jack Mozzarella, Swiss	16 or 8 ounce package  No organic  No cheese food, products, spread, cubed, shredded, sliced, flavor added (i.e. pepper jack), imported, service deli, imitation cheese products or individually wrapped slices/strings sold as singles
	<u>Cheese Sticks</u> Store Brand, Frigo/Cheese Head or Precious: Mozzarella, plain Cheddar	16 ounce packages only, no strings sold as singles  No organic
Eggs	White, large size, grade “AA” or “A”	Sold in one dozen  No organic  No cage-free, brown, enhanced, free-range or specialty eggs
Breakfast Cereal	<b>Cold Cereal</b>   <u>Corn Flakes:</u> Albertson’s, Flavorite, Great Value, IGA, Kellogg’s, Kroger/Kroger Value, Our Family, Safeway and Western Family  <u>Corn Squares:</u> Albertson’s, Flavorite, General Mills (Corn Chex), Great Value,	No organic  Regular flavor unless specified  Cold cereals must be 12 ounce or larger package

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Food Item	Brand/Description	Details/Restrictions
	IGA, Our Family, Safeway and Western Family	
	<u>Crispy Rice:</u> Albertson's, Flavorite, Great Value, IGA, Kellogg's (Rice Krispies), Malt-O-Meal, Our Family, Safeway and Western Family	
	<u>Frosted Mini Wheat Biscuits:</u> Albertson's, Flavorite, Great Value, IGA, Kellogg's Original Flavor, Malt-O-Meal, Our Family, Safeway and Western Family	No plain shredded wheat biscuits or flavored
	<u>Fiber Flake Cereals:</u> Enriched Bran Flakes—Albertson's, Flavorite, General Mills (Wheaties Original and Total Original), Great Value, IGA, Kroger, Our Family, Post (Bran Flakes) and Western Family	No low-carb or fruit added (i.e. Raisin Bran)
	<u>Oats and More(with Almonds or Honey):</u> Albertson's, Flavorite, Great Value, IGA, Malt-O-Meal, Our Family, Post (Honey Bunches of Oats), Safeway and Western Family	
	<u>Rice Squares:</u> Albertson's, Flavorite, General Mills (Rice Chex), Great Value, IGA, Our Family, Safeway and Western Family	
	<u>Toasted Oat Rings:</u> (plain or multi-grain) Albertson's, General Mills (Cheerios), Flavorite, Great Value, IGA,	No sugar frosted, honey-nut, oat cluster, yogurt, flavored or fruit added

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<b>Food Item</b>	<b>Brand/Description</b>	<b>Details/Restrictions</b>
	<p>Kroger, Our Family, Safeway and Western Family</p> <p><u>Wheat Squares:</u> <del>Albertson's, Favorite,</del> General Mills (Wheat Chex), Great Value, IGA, Our Family, Safeway and Western Family</p> <p><b>Hot Cereal</b></p> <p><u>Instant Oatmeal:</u> <del>Albertson's, Favorite,</del> Great Value, IGA, Our Family, Safeway and Western Family</p> <p><u>Hot Wheat Cereal:</u> Cream of Wheat Regular, Cream of Wheat Whole Grain <del>Safeway</del> and Western Family</p>	<p>12-11 ounce boxes of regular individual packets</p> <p>No flavored or large/bulk packages</p> <p>36-24 ounce box</p>
Whole Wheat/Grain Bread	Franz 40 Calorie Per Slice Whole Wheat and Wonder Soft 100% Whole Wheat	16 ounce loaf
Brown Rice	Regular, Instant or Quick	16-14 ounce box or bag
		No organic
Whole Wheat Tortillas	Don Pancho	16 ounce
Soft Corn Tortillas	La Burrita, Yellow Corn Don Pancho, White Corn Mission, Yellow Corn	16 ounce
Juice		<p>100% juice; no sugar added, no juice blends (with the exception of vegetable juice in a 48-46 ounce plastic bottle), drinks, or cocktails</p> <p>No organic</p>

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Food Item	Brand/Description	Details/Restrictions
	<p><b>Plastic Bottle, 64 ounce</b></p> <p><u>Apple:</u> Albertson's, IGA/Shoppers Valu, Kroger, Old Orchard, Our Family, Safeway and Western Family</p> <p><u>Grape-purple:</u> Albertson's, IGA/Shoppers Valu, Kroger, Old Orchard, Safeway and Western Family</p> <p><u>Grape-white:</u> Albertson's, IGA/Shoppers Valu, Kroger, Old Orchard, Our Family, Safeway and Western Family</p> <p><u>Orange:</u> Old Orchard</p> <p><b>Frozen Concentrate 12-11.5 ounce container</b></p> <p><u>Apple:</u> Albertson's, Flavorite, Great Value, IGA/Shoppers Valu, Old Orchard, Our Family, Safeway and Western Family</p> <p><u>Grape-purple:</u> Albertson's, Great Value, Kroger, Old Orchard, and Western Family</p> <p><u>Grape-white:</u> Albertson's, Old Orchard</p> <p><u>Orange:</u> Albertson's, Great Value, IGA/Shoppers Valu, Kroger, Old Orchard, Our Family, Safeway and Western Family</p>	



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<b>Food Item</b>	<b>Brand/Description</b>	<b>Details/Restrictions</b>
	<u>Pineapple:</u> Kroger and Old Orchard  <b>Plastic Bottle 48-46 ounce</b>  <u>Tomato:</u> Albertson's, Campbell's, Great Value, IGA/Shoppers Valu, Kroger, Our Family, and Western Family  <u>Vegetable:</u> Albertson's, Flavorite, Great Value, IGA/Shoppers Valu, Kroger, Our Family, V-8 (Original or Healthy Request) and Western Family	
Peanut Butter	Store Brand, Jif, Peter Pan, or Skippy	18-16 ounce jar  No organic or natural  No jelly, honey, chocolate, or marshmallow crème added; or reduced-fat peanut butter spread
Beans, Peas and Lentils	Dry beans, split peas or lentils, any brand  Canned beans (legumes), any brand	16-14 ounce package  16-14 ounce can  No organic  No soup mixes, flavorings or meat added, (i.e. pork and beans, refried beans) green or yellow beans
Canned Fish	Light Tuna, water pack, solid or chunk  Pink Salmon, water pack	6-5 ounce cans; no "diet" pack, white, or albacore  6 ounce or 14.75 ounce cans, may contain bones

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<b>Food Item</b>	<b>Brand/Description</b>	<b>Details/Restrictions</b>
		and skin; no red salmon
Baby Food Meat	Beech-nut or Gerber	2.5 ounce jar single variety meat  No organic  No DHA added or dinners
Baby Food Vegetables and Fruit	Beech-nut or Gerber	4 ounce jar single variety vegetable or fruit  No organic  No DHA added, dinners, desserts, vegetable mixes or fruit mixes
Infant Cereal	Beech-nut or Gerber Barley, Mixed, Oatmeal, Rice or Whole Wheat	8 or 16 ounce container  No organic  No formula, flavoring, fruit or DHA added; jars or packs
Infant Formula	Similac Advanced EarlyShield Similac Sensitive Similac Sensitive RS** Isomil Advance  Other formulas available by prescription only. Refer to Policy 8-7 Infant Formula and WIC-Eligible Medical Foods	Powdered 12.9 ounce size Concentrate 13 ounce size Ready- to-Feed 32 ounce size  Note: Refer to Policy 8-1, Supplemental Food Packages, on issuance of Ready-to-Feed formula.  **Not available in concentrate
Fruits and Vegetables (Fruit and Vegetable Benefit, a/k/a Cash Value Benefit)	Any brand Fruit, fresh Vegetable, fresh Vegetable, frozen	Up to dollar amount on benefit  May be organic

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Food Item	Brand/Description	Details/Restrictions
		<p>May be in bag, tub, or container; prepped, prepared or cut; fresh salsa and garlic is allowable</p> <p>No white potatoes (all types of potatoes except yams and sweet potatoes); no dried fruit, frozen fruit, canned fruit or canned vegetables; no spices, herbs, seasonings, sauces, dressings, croutons, nuts, meat, breading, pasta, rice, or other non-vegetable ingredient; no decorative items, deli, salad bar or party trays</p>

Policy Number: 8-5  
Blank

Policy Number: 8-6  
Authorized Foods Selection  
Effective/Revised Date: October 1, 2009

**Title:** Authorized Foods Selection

**Purpose**

To provide standards for the selection of approved foods for Montana WIC food packages.

**Authority**

7CFR 246.10(b)

**Policy**

Specific foods will be selected for use in the Montana WIC Program through review by a panel of individuals using evaluation criteria based on federal regulations, availability, packaging, cost, product acceptability, marketing approval and nutritive value.

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**Procedures**

- I. A product shall meet the federal regulations governing the WIC food package in order to be considered for approval through the Montana WIC program.
- II. The Montana WIC Program is not obligated to authorize every available food that meets federal requirements. Products are selected based on their availability throughout the state, packaging, costs, product acceptability, marketing approach and nutritive value.
- III. **Approved Foods List Review**
  - A. The list of approved WIC foods is reviewed by a panel which includes WIC participants, local WIC program staff and state WIC program staff.
  - B. Input on addition of foods to the Approved Foods List is solicited from program participants, local agency WIC staff and WIC retailers.
  - C. New Food Products may be evaluated for inclusion to the Approved Foods List in between approval periods at the discretion of the State WIC Program.
  - D. The list of approved foods will be reviewed and suggested changes will be considered the year following new food package implementation.
  - E. The new Montana WIC Approved Foods List goes into effect on January 1 of the following year.

Policy Number: 8-7  
Infant Formula and WIC-Eligible Medical Foods  
Effective/Revised Date: October 1, 2008

**Title:** Infant Formula and WIC-eligible Medical Foods

**Purpose**

To ensure all participants are prescribed the formula or medical nutritional product and supplementary foods which meets their medical and nutritional needs and to ensure all infants who receive formula receive the primary contract infant formula unless an alternative is prescribed for a valid medical condition.

**Authority**

7CFR 246.10(c)(1), (2) and (3) and State Policy

**Policy**

Infants who receive formula shall be issued the primary contract infant formulas: Similac Advance EarlyShield, Similac Sensitive, Similac Sensitive R.S. and Isomil Advance except when a medical formula or medical food has been prescribed for a valid medical condition. Participants may receive supplemental foods appropriate to their age and category, in addition to medical formula or medical food.

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**Definitions**

- I. Primary Contract Infant Formula - all infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract. Montana WIC's current infant formula cost containment contract is with Ross.
- II. Non-Primary Contract Infant Formula - all infant formulas (except exempt infant formulas) which are not covered by the infant formula cost containment contract.
- III. Medical Formula – all infant formula which meets the requirements for an exempt infant formula under Sections 412(h) of the Federal Food, Drug and Cosmetic Act (21 USC 350a (h) and the regulations at 21 CFR parts 106 and 107. These formulas are intended for use by infants with special medical or dietary needs, including, but not limited to, inborn errors of metabolism and prematurity.
- IV. Medical Foods - enteral nutritional products which are specifically formulated to provide nutritional support for individuals with diagnosed medical conditions when the use of conventional foods is precluded, restricted or inadequate. Medical foods may be nutritionally complete or incomplete. Not all products that meet the definition of a medical food are WIC eligible.

**Procedures**

**I. Issuance of Primary Contract Infant Formula for Infants**

- A. Similac Advance EarlyShield or Similac Sensitive shall be issued as the primary formulas for infants.
- B. Isomil Advance and Similac Sensitive R.S. may be issued for infants under the following circumstances:

1. the infant's family follows a strict vegetarian diet and requests Isomil Advance;
2. the infant's family has a strong family preference for soy formula and requests Isomil Advance (including a religious preference);
3. the infant has gastroesophageal reflux and the infant's family requests Similac Sensitive R.S. ; or
4. the infant's healthcare provider provides a prescription with a documented valid medical need for a soy-based formula, or an exempt infant medical formula.

**II. Issuance of Primary Contract Infant Formula for Children**

- A. Primary contract infant formula may be issued to participants beyond one year of age as a medical formula.
- B. The child's healthcare provider must provide a prescription with a documented valid medical need for continuance of formula such as:
  1. diagnosis of oral motor feeding problems with request for any formula;
  2. need for formula for premature infants to corrected age of one year with request for any formula; or
  3. need for formula for tube feeding with request for any contract formula.
- C. Maximum length of approval per prescription is 6 months.

**III. Issuance of Non-Primary Contract Standard Formulas**

- A. Non-primary contract standard formulas are not authorized for issuance.
- B. Examples include Enfamil LIPIL, Enfamil Gentlease LIPIL, Enfamil LactoFree LIPIL, Enfamil A.R. LIPIL, Carnation Good Start Supreme, Parents Choice DHA/ARA, Prosobee LIPIL and Carnation Good Start Supreme Soy DHA/ARA.

**IV. Issuance of Medical Formulas and Medical Foods for Infants, Children and Women**

- A. Examples include, but are not limited to, Nutramigen Enflora LGG, Alimentum, Pregestimil, Neocate, Elecare, NeoSure Advance, EnfaCare LIPIL, Similac PM 60/40

**B. Hypoallergenic Formulas**

**1. Reasons for issuance**

Formulas	Reasons for Issuance
Alimentum	Milk and/or soy protein allergy
Nutramigen Enflora LGG	Milk and/or soy protein allergy
Pregestimil	Malabsorption; Milk and/or soy protein Allergy
Elecare	Severe malabsorption; allergy to intact protein
Neocate	Severe malabsorption; allergy to intact protein

2. Infants with a milk allergy are not required to be challenged on soy formula prior to issuance of hypoallergenic formula. A soy challenge may be provided with written permission from the health care provider.
  3. Maximum length of approval per prescription is 6 months.
- C. Low-Iron Formulas will not be provided.
- D. Premature Formulas
1. Examples include EnfaCare LIPIL and NeoSure Advance.
  2. May be issued for the diagnosis of prematurity ( ≤ 37 weeks gestation)
  3. May be approved up to 9 months chronological age (as per AAP recommendations) with one prescription, as long as information on the introduction of supplementary foods is included. With an additional prescription may be approved up to 12 months chronological age.
- E. Other Medical Formulas and Medical Foods
1. Reasons for issuance
- | Formulas  | Reasons for Issuance  |
|---|---|
| Similac PM 60/40  | Renal, cardiac or other conditions that require lowered mineral intakes   |
| Pediasure, Pediasure w/ Fiber, Kindercal, Kindercal w/ Fiber, ReSource Just for Kids, ReSource Just for Kids w/Fiber, Nutren Junior | Tubefeeding, oral motor problems or medical conditions which increase nutrient needs (for children over one year and older) |
| Elecare, Neocate, Junior Peptamen Junior, Vivonex Pediatric   | Severe malabsorption or allergy to intact proteins (for children over one year and older)                                   |
| Metabolic Formulas  | Metabolic disorders   |
2. May be approved for up to 6 months per prescription.
  3. Contact one of the State Nutritionists with questions concerning issuance for medical reasons other than those stated or for issuance of a medical formula or medical food not listed.
- F. Issuance of Supplemental Foods along with Medical Formulas
1. Supplemental foods may be issued to a participant receiving medical formula or medical food, in addition to the medical formula or medical food.
  2. The supplemental foods which may be issued are those in the food package for which the participant would be eligible in the absence of the need for medical formula or medical food, according to the participant's category and/or breastfeeding status.



3. The supplemental foods prescribed must not be contraindicated by the justification for the medical formula or medical foods and must be appropriate for the participant's feeding skills and dietary intake pattern. (For example, milk may not be issued for a participant receiving Elecare for a milk and soy protein allergy.)
4. For all participants 6 months of age and older, the participant's health care provider must indicate if the participant can consume supplementary foods provided by WIC and the amounts of these foods.
5. Whole milk (rather than low-fat milk) may be prescribed for children two years of age and older and women for a medical condition requiring additional calories.

**V. Issuance of Medical Formulas and Foods requires the following:**

**A. Prescription**

1. A prescription from one of the following prescriptive authorities is required:
  - a. physician (M.D.);
  - b. doctor of osteopathy (D.O.);
  - c. physician assistant (P.A.); or
  - d. nurse practitioner (N.P.) with prescriptive authority
2. Prescriptions must include the following information:
  - a. name of the participant;
  - b. date written (must be within 30 days of WIC request);
  - c. specific name of the formula or medical food requested;
  - d. prescribed amount of the formula or medical food requested;
  - e. appropriate medical diagnosis/justification warranting the formula or medical food use;
  - f. length of time the formula or medical food is medically necessary (number of months requested);
  - g. prescribed supplemental foods including the amount requested, (for infants six months and older, children and women)
  - h. signature of the requesting prescriptive authority (may not be signed by an R.N. for a physician), and
  - i. contact information for the requesting prescriptive authority.
3. A copy of the "Request for Medically Necessary WIC Approved Formulas" form is located in Appendix N. Prescriptions which are not contained on this form may be accepted as long as they contain all of the information required for a valid prescription.
4. Facsimiles are acceptable.
5. Transfer participants from another state with a prescription containing all of the required information may be issued the formula or medical food for one month

until the participant may obtain another prescription from a local health care provider.

6. If the participant's regular local health care provider is in an adjacent state (as in border communities), the Montana WIC Program will accept his or her prescription as long as it contains all of the required information.
7. If the participant is seeing a medical specialist in another state, the Montana WIC Program will accept his or her prescription as long as it contains all of the required information.

**B. Requirements for Assessment and Approval:**

1. A registered dietitian shall perform an assessment prior to issuance of the medical formula or medical food and supplementary foods which includes a review of:
  - a. the medical diagnosis or condition which necessitates the need for the formula;
  - b. the participant's growth;
  - c. the participant's feeding skills and
  - d. the participant's dietary intake.
2. Based on the assessment and the length of time requested on the prescription, the registered dietitian shall determine if and how long to authorize the issuance of medical formula or medical food and supplementary foods and when a reassessment shall occur. Formulas may not be authorized for longer than the time stated on the prescription.
3. A completed WIC Formula Request Form and current prescription shall be placed in the participant's chart for each authorization. A copy of the approval form and the current prescription shall be sent to the State Office in a timely fashion.
4. Dates of authorization shall be entered into the WIC computer program via the Formula Authorizations screen. (WICPS 115)
5. Food packages shall be entered into the WIC automated system only through the authorized time period.

Policy Number: 8-8  
Benefits Lost, Stolen or Destroyed in a House Fire  
Effective/Revised Date: October 1, 2006

**Title:** WIC Benefits Stolen or Destroyed in House Fire

**Purpose**

To provide guidance on dealing with benefits which are lost, stolen or destroyed in a house fire.

**Authority**

State Policy

**Policy**

Lost or stolen benefits may not be reissued. Benefits destroyed in a house fire may be reissued when appropriate proof of the house fire has been provided.

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**I. Lost or Stolen Benefits**

Lost or stolen benefits which are reported as lost or stolen after issuance to a participant will not be replaced. Participants should be advised to treat them like cash.

**II. Benefits Destroyed in a House Fire**

A. The following steps must be completed before reissuing benefits destroyed in a house fire to the participant:

1. Have the participant provide documentation of the fire in which the benefits were destroyed:
  - a. Fire Marshall Report;
  - b. Insurance company claims information verifying the fire and loss; or
  - c. Newspaper article or report of the fire.
2. Complete the "Report of Benefits Destroyed in a House Fire."
3. Discuss with the participant which benefits were uncashed.
4. Confirm with the State Office, the uncashed benefits.
5. Explain to the participant that if a double issuance has occurred, she/he may be required to reimburse the WIC Program.
6. Reissue the benefits destroyed in the fire.

B. WIC foods destroyed in a house fire may not be replaced.

**III. Report of Food Benefits Destroyed in a House Fire Form (See Attachment U)**

The form "Report of Food Benefits Destroyed in a House Fire" must be signed and placed in the participant file.

Policy Number: 8-9  
WIC Benefits Inappropriate Void/Reissue  
Effective/Revised Date: October 1, 2006

**Title:** WIC Benefit Inappropriate Void/Reissue

**Purpose**

Participants are limited to the maximum quantities for food items as specified in the 7CFR 246.10 and the State Plan. Over issuance of foods due to voiding and reissuing must not occur. Repayment of an over issuance will be made by the local agency.

**Authority**

7CFR 246.12 and 246.13

**Policy**

A monetary penalty will be imposed on local programs that inappropriately void/reissue WIC benefits.

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**Guidelines**

**I. Inappropriate Void/Reissue**

- A. WIC benefits that have been cashed may not be voided/reissued, unless it is a formula food package. If a non-formula food package needs to be changed you must wait until the following month.
- B. Infant formula food packages that have been cashed can be voided/reissued as 'USED' to allow for formula changes. The maximum amount of formula issued may not exceed the Federal maximum allowed quantities.
- C. If a formula food package is voided/reissued as 'USED' a completed "Food Instrument Void/Reissue Form" must be submitted to the state office at the time of the void/reissue. See Attachment V for a copy of the Food Instrument VOID/Reissue Form.

**II. Penalty For Inappropriate Void/Reissue**

- A. Per the contract between your Local Agency and the State Office, your agency is responsible for any WIC funds misspent due to negligence of its employees.
- B. For any inappropriate voided/reissued WIC benefits, the state office will charge your agency for the value of the over issuance.
- C. Monetary penalties will be reflected as a reduction of your monthly reimbursement.

Policy Number: 8-10  
WIC Benefit Issuance  
Effective/Revised Date: January 1, 2007

**Title:** WIC Benefit Issuance

**Purpose**

To provide guidance on the number of months' benefits to issue for a participant.

**Authority**

7CFR 246.12 (r)

**Policy**

Participants shall be issued one, two or three months worth of WIC benefits at a time depending upon the risk of the participant and the participant's ability to correctly redeem multiple months of benefits.

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**Procedures**

**I. WIC Benefit Issuance**

- A. The CPA or RD at the local agency determines how many months' worth of WIC benefits a participant receives at a time based on the following factors:
  1. The need for monthly nutrition education contacts or visits
    - a. High risk participants may require monthly contacts, see Policy 5-13 Designated Referrals for High Risk Participants.
    - b. Certain groups of participants require monthly contacts, for example, all infants for their first three months on WIC.
    - c. Certain participants may be seen monthly per individual local agencies policy, such as all Priority 1 pregnant women. Local agency guidelines may not allow less frequent issuance than State WIC policy.
  2. The participant's ability to cope with multiple months of WIC benefits at a time.
    - a. The participant must be able and willing to cash WIC benefits only in the month for which they are issued.
    - b. The participant should be reminded to safeguard the WIC benefits for the multiple months. Misplaced or stolen WIC benefits will not be replaced.
    - c. If one member of a family is issued WIC benefits on a monthly basis, all members of the family should be issued benefits monthly. This is to ensure that the individual needing monthly issuance receives benefits each month and does not miss months because other family members have already received their WIC benefits for the month.
  3. Participants in foster care shall be issued WIC benefits on a monthly basis.
  4. Participants using the "zero income statement" and participants who need to bring in proof of identity or residency following certification shall be issued one month's worth of WIC benefits.

5. A proxy for a participant shall be issued one month's worth of WIC benefits.

Policy Number: 8-11  
WIC Benefits and Fruit and Vegetable Benefits  
Effective/Revised Date: October 1, 2009

**Title:** WIC Benefits and Fruit and Vegetable Benefits

**Purpose**

To provide procedures for issuance of WIC benefits which includes Fruit and Vegetable Benefits to participants/parents/guardians and proxies.

**Authority**

7CFR 246.12 (r)

**Policy**

Benefits are printed when the participant/parent/guardian or proxy is physically present in the clinic, unless the exception for mailing benefits is met. All participants will be issued an ID packet for use as verification at the retailer.

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**Procedures**

- I. Issuing WIC Benefits.** Listed below are procedures for local agencies to follow when issuing WIC benefits to participants or parent/guardian.
  - A. Do not pre-print WIC benefits. WIC benefits are only to be printed when the participant or parent/guardian is present in your clinic. The only exception is when you are mailing benefits (see Section III, Mailing Benefits).
  - B. After the WIC benefits have been printed, instruct the participant to verify the food package as discussed with the CPA (peanut butter vs. dried beans, etc.), then have the participant sign the benefit stubs.
  - C. After the participant has signed the benefit stubs, tear off the stubs, place the benefits in the ID folder and give the ID folder to the participant. Benefit stubs should be filed in numerical order by date issued. Benefit stubs shall be kept for a time period as described in Records Management.
  - D. Benefits may be issued for present or future use only. Retroactive benefits are prohibited.
- II. Proxies**
  - A. Proxies and individuals designated by the participant/parent/guardian, with the authority to attend nutrition education appointments and to pick up and sign for WIC benefits.
  - B. Proxies may be designated when the participant is medically or physically indisposed, or when unforeseen events prohibit travel to the clinic.
  - C. A proxy may be allowed to attend any WIC appointments for a participant/parent or guardian.
  - D. Designation of the proxy must be made prior to the appointment with a written, signed and dated note by the participant/parent/guardian. Written designation of a

proxy must be made for each separate appointment. These notes are to be kept in the participant file.

- E. Proxies must show identification (and a written note per above) to pick up and sign for WIC benefits for participants.
- F. The participant/parent/guardian is responsible for the proxy's actions. If the proxy commits fraud/abuse per the state plan, the participant/ parent/guardian will be held responsible and sanctioned accordingly.
- G. Before allowing the use of a proxy, the local WIC program shall consider whether there are adequate measures for the provision of nutrition education and health services to the participant when a proxy is used. If necessary, other arrangements may be made so the participant will receive necessary services.
- H. Instruct the proxy on the use of WIC benefits. Also inform the proxy of their right to report improper practices by the food retailer.
- I. WIC benefits may be redeemed by the proxy or by the participant/parent/guardian. The signature of the proxy and participant/parent/ guardian must be on the WIC ID packet for signature verification by the food retailer.

### **III. Mailing WIC Benefits**

- A. WIC benefits may be mailed to certified participants for the following reasons at the discretion of the Local WIC Agency.
  - 1. The following services and procedures must be followed and documented:
    - a. Appropriate Nutrition Education provided.
    - b. Required anthropometric measurements have been taken or provided.
    - c. Appropriate referrals have been made.
  - 2. The following procedures must be followed when mailing WIC benefits:
    - a. Confirm the participant's mailing address.
    - b. Client must be informed that mailed benefits will not be replaced.
    - c. The WIC staff prints and signs the benefit stubs for the participant.
    - d. WIC benefits must be mailed first class.
    - e. WIC benefits must be mailed in "benefit security" envelopes.
    - f. WIC benefits must be mailed in envelopes which contain the return address of the local agency.
    - g. Envelopes with WIC benefits must have "Do Not Forward, Return to Sender" stamped/written on them.
  - 3. A log must be maintained for all mailed WIC benefits indicating:
    - a. Name and ID number of participant.
    - b. The actual date of mailing.
    - c. The signature of the staff person mailing the WIC benefits.



4. A returned benefit log must be maintained, indicating the following:
  - a. Name and ID number of participant.
  - b. Serial numbers of the returned benefits
  - c. Date of return
  - d. Follow-up action
- B. In preparing and processing WIC benefit mailings, local agencies must assure that the benefits are handled in a secure manner.
- C. If a participant complains that he/she did not receive the WIC benefits, the LA must verify that benefits were mailed. The benefits will not be replaced.
- D. WIC benefits must be mailed with adequate leeway so they are received by participants on or before the first valid date printed on the benefits.
- E. If an ID folder must be mailed, mail it separately from the WIC benefits to prevent fraud. Mailing of WIC benefits shall never occur for more than three months in a row, as the participant must return to the clinic after that time to receive health and nutrition education services.
- F. Mailing of the WIC benefits, including the reason, must be documented in the participant's file for each relevant month.

#### **IV. WIC ID Packet**

- A. Must be used by all local programs.
- B. Instructs participant/parent/guardian on how to use the WIC benefits.
- C. Includes a place for the authorized participant/parent/guardian/proxy signature to be used for identification purposes.
- D. Must be signed by participant/parent/guardian in presence of WIC staff.
- E. Must have active WIC participant's names and ID numbers.
- F. Has space for the local WIC clinic to add its address and telephone number (required).
- G. Has appointment schedules.
- H. Protects the WIC benefits.

#### **V. Retailer Responsibilities**

- A. Benefit that the dates on the WIC benefits are valid. Do not accept WIC benefits before the "First Day of Use" or after the "Last Day to Use."
- B. Retailer's staff total the WIC foods purchased, benefiting that the foods are specified on the WIC benefit (see Section on Retailers). Ask the WIC participant about missing foods before entering a dollar amount on the WIC benefit. The actual purchase price of the foods is then written in by the clerk in the "Actual \$ Amount of Sale" box.
- C. Once the WIC benefit is correctly completed, the food retailer has the participant sign the WIC benefit in the box "Signature of participant or authorized proxy."

- D. The retailer has 30 days from the “Last Day to Use” on the WIC benefit to deposit the benefit.

Policy Number: 8-12  
Food Delivery System  
Effective/Revised Date: October 1, 2009

**Title:** Food Delivery System

**Purpose**

WIC benefits are a standardized negotiable item with restricted use and valid period. Redemption by retailers must be within defined parameters. These practices insure the financial integrity of the WIC food expenditures. The Montana WIC Program is required to reconcile all benefits issued and identify the disposition of each as to validly redeemed, lost or stolen, expired, duplicate, voided or not matching issuance records.

**Authority**

7CFR 246.12 and 246.13

**Policy**

Montana WIC has an established plan for the financial management and oversight of issuance and redemption of WIC benefits. The Montana WIC Program contracts with a financial institution independent of Montana government for processing benefits.

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**Guidelines**

**I. State WIC Agency Responsibilities**

- A. Providing a uniform WIC benefit which is similar in appearance to a benefit. This benefit is used by all local programs.
- B. Maintaining an inventory of WIC benefits on hand and order replacement benefits as needed.
- C. Paying retailers in a timely manner. The retailer is reimbursed when he presents the WIC benefit to his bank for payment within 30 days from the last date to use. The WIC benefits are then presented through the Federal Reserve System to Financial Services & Management Corporation, Lake Lillian, MN, with whom the State WIC Agency contracts to perform services.
- D. Establishing a contingent revolving fund for the WIC Program at Financial Services & Management Corporation, Lake Lillian, MN, with whom the State WIC Agency contracts to perform services. Each day the bank presents the State Office with a statement showing the amount of benefits paid. The bank is reimbursed for this amount through the use of a telephone transfer system.
- E. Expiring all outstanding issued benefits within 120 days of the first day to use.

**II. Local WIC Program Responsibilities**

- A. Issue WIC benefits to eligible participants for authorized foods.
- B. Obtain participant/guardian signatures on benefit stubs and file them in order by date and benefit number.

- C. Maintain a file of End-of-Day Reports which include the WIC benefit log (a listing of all WIC benefit issued or voided for the day).
- D. Review the End-of-Day WIC benefit log and account for WIC benefits issued and any gaps in sequence.
- E. WIC benefits voided and/or returned are to be filed with that days WIC benefit stubs.  
**Note:** If a participant forgets to sign the WIC benefit stub, the staff member signs the stub, makes a notation on it and on the End-of-Day listing.
- F. Keep WIC benefits locked in a secure place. Local programs are responsible for stolen or lost WIC benefits via the Local WIC Agency Agreement (see Policy 8-44). They are also responsible for reporting stolen WIC benefits to the State WIC Agency so the State WIC Agency can handle stop payment procedures.
- G. Local WIC agencies are financially responsible for WIC benefits mishandled by local program staff.
- H. Local agencies are financially responsible for inappropriately issued WIC benefits.

### **III. WIC Benefit Design and Information**

- A. The WIC benefit lists the foods authorized by generic and/or brand name and amounts. The first and last days to use are listed on the WIC benefit. The benefit sequence number, participant ID number and the participant name, is also printed on the benefit.
- B. A space is provided for the retailer cashing the WIC benefit to enter his/her assigned stamp. Space is provided for the signature of the participant. The signature is obtained when the participant purchases the allotted food and after the clerk enters the purchase total in the "Actual Dollar Amount of Sale" block. The signature is used by the retailer for verification of identification with the signature on the WIC ID packet.
- C. WIC benefits contain numbers at the top and bottom of the WIC benefit (magnetic ink character recognition - MICR). These pre-printed numbers identify the Federal Reserve Bank, the local bank and the account number. After the WIC benefit is paid, the amount paid is added by the bank.

### **IV. Reconciliation of WIC Benefits**

- A. A current retailer data base is sent to the bank daily.
- B. Maximum price per benefit is sent to the bank on a daily basis as changes are made.
- ~~C.~~ The daily transactions are sent to the bank. This information includes benefits issued and voided.
- D. Upon receipt of this information, assuming the benefit passes all validations, the bank will pay the benefit. The bank may reject a benefit for a variety of reasons:
  - 1. No/Illegible Retailer Stamp
  - 2. Invalid Retailer Number/Inactive Retailer

3. Missing Signature
4. Early Cashing
5. Late Cashing
6. Over Max Price
7. Purchase Price Missing
8. Stop Payment
9. Altered \$ Amount
10. Not on Issued File
11. Voided WIC benefit \*
12. Already Paid
13. Other

**Note:** \*Voided WIC benefits are paid by the bank and originals sent to the State WIC office for investigation.

- E. Adjustments to benefits are made when an error occurs during the bank processing.
- F. When the bank completes a payment, rejection or adjustment transaction, a record is written to an output file and it is sent to the State Host machine to update the WIC system with the bank activity on a nightly basis.

<b>If</b>	<b>Then</b>
the benefit is paid by the bank	the amount paid and date of payment fields are updated
the benefit is adjusted	the amount adjusted field and bank process date are updated
a benefit is rejected by the bank	the reason for rejection is updated

- G. A monthly close-out is reported on the FNS-798 (Monthly Financial and Program Status Report). The information for any closed out month includes whether or not every issued WIC benefit has been redeemed, expired, voided, or payment has been stopped.
- H. Records in support of the FNS-798 are maintained in the State WIC Office.

## **V. New Banking Contracts**

### **A. Bank Contract**

The Montana WIC Program will start to review and plan for a new banking contract one year before the current contract expires. This allows time to determine what changes need to be made to the contract, have the new contractor selected, and print a new order of WIC benefits, ready for distribution before the contract starts.

### **B. Sealed Bid Process**

The contract will be a sealed bid process, opened to all banking institutions. The term of the contract is a minimum of three years, with three one-year extensions, based on the mutual approval of the WIC Program and the contractor

**VI. Companies with whom WIC Contracts**

- A. Automated Food Instrument Printer: Moore Business Forms, 300 Centreville Rd., Warwick, RI 02886.
- B. Banking Services: Financial Services & Management Corporation, 451 Lakeview St., Lake Lillian, MN 56253.
- C. Ross
- D. Temporary Services: Express Personnel Services, PO Box 99468, Oklahoma City, OK 73199.

Policy Number: 8-13  
Cost Containment  
Effective/Revised Date: October 1, 2007

**Title:** Cost Containment

**Purpose**

The Montana WIC Program will endeavor to save USDA food dollars in order to serve more participants through entering into a cost containment agreement for infant formula.

Montana participates in the Western States Contracting Alliance for infant formula cost containment.

**Authority**

7CFR 246.16 (a)

**Policy**

The Montana WIC Program will enter into a cost containment agreement for infant formula.

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**Guidelines**

**I. Description**

- A. The Montana WIC Program has entered into a competitive sole-source retail system contract for approved and authorized infant formula. The foods procured will include milk and soy-based infant formulas in concentrate, ready-to-feed, and powdered forms.
- B. All manufacturers registered with the Federal Department of Public Health and Human Services (DPHHS) whose products fulfill the Infant Formula Act requirements have been offered the opportunity to bid on the initiative. In compliance with 7 CFR parts 3017, certification will be included in contractors' agreements that they and any subcontractors have not been debarred or suspended.
- C. All manufacturers registered with the Department of Public Health and Human Services (DPHHS) whose products fulfill the Infant Formula Act requirements may sell special formula to Montana WIC participants through participating retailers or by direct purchase whether or not they offer a rebate on WIC infant formula.

**II. Calculations**

- A. The Montana WIC Program, using the automated system, calculates the number of cans of formula, by brand and type, purchased each month. The State WIC Office will compile the information by the 45th day following the month of issuance.
- B. Claims will be filed on a monthly basis with reimbursement to DPHHS due in 30 days from receipt of invoice. All claims submitted by DPHHS will be mailed by certified letter, return receipt requested, within forty-five (45) days of the end of each month.

**III. Contracts**

Any contracts signed with companies to implement this initiative shall stipulate that the products meet the provisions of the Food, Drug and Cosmetic Act as it relates to infant formula.

**IV. Time Period**

The Montana State WIC Program has a sole-source contract with Abbott Nutrition to provide standard infant formula effective October 1, 2007 through September 30, 2010. This initiative will be for a thirty-six month period, with the option of extensions which shall not exceed a total contract period of five (5) years.

**V. Rebate Initiative**

- A. This rebate initiative will be implemented statewide.
- B. Under this initiative part of the cost of infant formula provided by the Montana WIC Program is rebated by eligible providers allowing WIC to serve additional participants.